



CITY OF LONG BEACH

Department of Financial Management

333 West Ocean Blvd., 4th Floor

Long Beach, CA 90802

(562) 570-6211

Fax (562) 499-1094

TEDD (562) 570-5832

<Date>

<Business Name>

<Address>

<City><State><Zip Code>

**RE: Notice to Apply for City of Long Beach Business License
Notice Number: 2019-XXXX**

Dear Business Owner:

Thank you for choosing to do business in the City of Long Beach. Through our research, we have identified that you may be operating a business without the required City business license. Long Beach Municipal Code (LBMC) Section 3.80.210 requires all persons and/or entities conducting business within the City to obtain a business license prior to operating a business in Long Beach. To ensure compliance with the Long Beach Municipal Code (LBMC), **please apply for each separate entity/business activity by <Deadline>.**

You must complete and submit the business license application as found on the back of this letter with the Notice Number by the stated deadline. You may submit the application in person or by mail to:

City of Long Beach Business License Division
333 W. Ocean Blvd. 4th Floor
Long Beach, CA 90802

If you believe you have received this notice in error, please complete and return the Request for Business Tax Review form located at www.longbeach.gov/blcomply by the deadline noted above. Be sure to include Notice Number 2019-XXXX on all correspondence.

Please keep a copy of this letter for your records. If you have any questions, visit our website at www.longbeach.gov/blcomply or contact us at LBBIZ@longbeach.gov or (562) 570-6211.

Sincerely,

City of Long Beach
Business License Division



CITY OF LONG BEACH BUSINESS LICENSE APPLICATION
Fourth Floor, City Hall
333 W. Ocean Boulevard, Long Beach, CA 90802

www.longbeach.gov
LBBIZ@LongBeach.gov
(562) 570-6211

GENERAL INFORMATION

OWNER/ENTITY NAME	DRIVER'S LICENSE NO	STATE	SOCIAL SECURITY NO.	HOME OCCUPATION <input type="checkbox"/> Y <input type="checkbox"/> N
BUSINESS NAME (D.B.A)	TYPE OF BUSINESS (BE SPECIFIC)		EMAIL:	
BUSINESS ADDRESS STREET	CITY	STATE	ZIP	AREA CODE/TELEPHONE
BILLING ADDRESS (if same write SAME)** STREET	CITY	STATE	ZIP	AREA CODE/TELEPHONE
RESIDENCE ADDRESS (if same write SAME) STREET	CITY	STATE	ZIP	AREA CODE/TELEPHONE
LIST OF PRINCIPAL OFFICERS, MEMBERS, PARTNERS AND RESIDENTIAL ADDRESSES (IF MORE, PLEASE ATTACH A LIST)			TITLE	% OWNERSHIP
			TITLE	% OWNERSHIP

☐ New Business ☐ Address Change ☐ Ownership Change ☐ Secondary License ☐ Sole Owner ☐ Partnership ☐ Corporation ☐ LLP. ☐ LLC.

BUSINESS OPERATIONS INFORMATION

START DATE	NO. OF EMPLOYEES	NO. OF VEHICLES	FEDERAL TAX ID. NUMBER	SALES & USE TAX (SELLER'S PERMIT) NO.
DOES YOUR BUSINESS HAVE A CALIFORNIA STATE LICENSE? <input type="checkbox"/> Y <input type="checkbox"/> N	STATE LICENSE NO.	CLASSIFICATION(S)	RENEWAL DATE	
HAVE YOU EVER HAD A BUSINESS LICENSE/PERMIT REVOKED OR SUSPENDED? <input type="checkbox"/> Y <input type="checkbox"/> N	LICENSE/PERMIT NO.	ISSUING AGENCY	CLASSIFICATION & DATE OF SUSPENSION/REVOCATION	

FOOD / ALCOHOL / TOBACCO / ENTERTAINMENT

Do you plan to sell or serve food? (Includes pre-packaged) ☐ Y ☐ N
 If serving food, how many seats?: _____
 Do you plan to sell or serve alcoholic beverages? ☐ Y ☐ N
 ABC License number: _____ Type: _____
 Conditions Included: **(If yes, please attach to application)** ☐ Y ☐ N
 Does your business have amusement machines, video games, vending machines, jukebox and/or pool tables? ☐ Y ☐ N
 How many: _____ Type: _____ Owner: _____
 Do you plan to sell tobacco products/paraphernalia? ☐ Y ☐ N
 Do you plan to operate a Smoking Lounge? ☐ Y ☐ N
 Will you deal with, use, store or transport cannabis? ☐ Y ☐ N
 Will you have ☐ Music ☐ Dancing ☐ Performers ☐ Adult Entertainment?

SERVICES / FUND RAISING

Will you offer massage, tanning, herbal therapy, escort or any other services that improve the health or well being of another? ☐ Y ☐ N
 Will you engage in fund raising? ☐ Y ☐ N
 Will you deal in coins, firearms, jewels or second-hand property? ☐ Y ☐ N
 Will you perform Parking Management? If so, please attach a detailed list of all activities? ☐ Y ☐ N

BUILDING AND FACILITY INFORMATION

Property Owner's Name: _____
 Business sq. ft.: _____ Warehouse on site? ☐ Y ☐ N
 Do you: ☐ Own or ☐ Rent/Lease your business property?

HAZARDOUS MATERIALS / MEDICAL WASTE

Will you manage or produce bio-hazardous materials or waste? ☐ Y ☐ N
 Will you use, store, or transport chemicals (new or waste state)? ☐ Y ☐ N

ACKNOWLEDGMENT TO BE COMPLETED BY SOLE OWNER, PRINCIPAL OFFICERS, MEMBERS OR PARTNERS

I understand that before I can operate my business in Long Beach, my establishment must comply with applicable City departmental laws and regulations completely and I must obtain a business license and all necessary Federal State and local permits or I will be in violation of L. B. M. C. Chapter 3.80. I declare that I am authorized to complete this application and that the information and statements provided are true and correct. **SIGN and return this statement with your remittance. Make checks payable to City of Long Beach.**

Signature _____ Date _____ PRINT NAME/TITLE _____
 Signature _____ Date _____ PRINT NAME/TITLE _____

DO NOT WRITE BELOW THIS LINE

Inspection(s): <input type="checkbox"/> Bldg <input type="checkbox"/> Fire <input type="checkbox"/> Health <input type="checkbox"/> HazMat <input type="checkbox"/> PD <input type="checkbox"/> Other	Prev Use: _____	Exp. Date: _____
Basic Tax	Prev Lic: _____	Zoning Review <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A By: _____ Date: _____ <input type="checkbox"/> New construction <input type="checkbox"/> Reuse Zone: _____ Comments: _____
Employees # _____ @ \$ _____ =	Exp Date: _____	
Vehicles # _____ @ \$ _____ =	District: _____	
Other # _____ @ \$ _____ =	CRT: _____	
PIA _____	SIC: _____	
PIA Employees # _____ @ \$ _____ =	NAICS: _____	
Regulatory	Entered by: _____	
Investigation	Date: _____	
Misc. Fees		
Sub Total		
Zoning		
Building Review		
Total \$ _____	BU	

NOTE: THIS IS NOT A BUSINESS LICENSE: DO NOT OPERATE UNTIL A VALID LICENSE HAS BEEN ISSUED